

North Dakota

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Breast Cancer Facts & Figures 2002



Rocky Mountain Division

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Introduction

The American Cancer Society, Rocky Mountain Division, presents Breast Cancer Facts & Figures 2002 to assist American Cancer Society volunteers and staff, local community groups, and health professionals in providing programs and services to the public, cancer patients, and their families.

Cancer is a major public health problem in North Dakota. This publication provides benchmarks to measure progress towards the Society's challenge goals for major reductions in cancer deaths and incidence and improvement in quality of life for cancer survivors. Breast cancer is survivable if detected early, and North Dakota has made progress in early detection and screening of breast cancer.

For more information you can trust about cancer, contact your American Cancer Society at 1.800.ACS.2345, or visit our website at www.cancer.org.

Agencies Contributing Data

North Dakota Cancer Registry
North Dakota Department of Health
600 E Boulevard Ave., Dept 301
Bismarck, ND 58505-0200
701.328.2333

BRFSS
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
701.328.2378

YRBS
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, ND 58505-0200
701.328.3138

A Survivor's Story: In Her Own Words



Lois Hylton

Surely I Can Beat This

I have a significant family history of breast cancer, including my grandmother, mother and sister. So when the doctor told me there was nothing suspicious about the lump I detected during a regular breast self-exam (BSE), I immediately

sought a second opinion.

That opinion came in the form of a visit to a neighbor who was a surgeon. I visited the doctor in her office the following day. The biopsy of the lump in my right breast was positive and I was angry.

I had two babies at home and I wasn't emotionally prepared for the diagnosis, surely I can beat this, I thought.

Breast preservation and radiation was the course of treatment I chose to beat it. But seven years later I was diagnosed with cancer in my left breast. My chosen course of treatment that time was a mastectomy.

I came into contact with the American Cancer Society during my second diagnosis. A neighbor was a volunteer and shared a wealth of information with me that had changed since my first bout with cancer, which was 22 years ago before computers, the Internet and email.

By the time of my second diagnosis, my daughter was 11. I knew that I could beat cancer since I had before, but I was much more interested in my daughter, her friends and the health of pre-teen and teenage girls and young women.

My daughter is much more aware of her own health and recognizes that she must literally take matters into her own hands through BSE and other screening techniques.

I focused on my family and becoming well. I intended to see them grow up and I have. I didn't feel cured for three years, it was more emotional than anything, but now at 12 years out, I'm cured!

Acknowledgements

The data for portions of this report have been provided through the cooperation of the local agencies listed on this page. These agencies are the primary contributors of cancer-related data specific to North Dakota, and this publication would not have been possible without their assistance. This publication is designed to provide an overview of breast cancer in North Dakota and in no way replaces the relevance or need for reports by the individual agencies.

This report was compiled and produced for the American Cancer Society's Rocky Mountain Division, by the following staff: Alacey Berumen, MNM, Doctoral student, Regional Planner, Robert M. Bogin, MD, Sr. Vice President, Strategic Health Initiatives, Robert Grosboll, MPH, Cancer Specialist, David Goldberg, Director of Communications, Joe McManis, Communications Coordinator.

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What Is Breast Cancer?

Cancers are a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells form a lump or mass called a tumor, and are named after the body part where the tumor first starts. Breast cancer begins in the breast tissue, which is comprised of fatty connective and lymphatic tissue, lobules, which are glands for milk production and ducts which connect the lobules to the nipple.

Some tumors that grow in the breast are benign; this means they are not cancerous, and not life threatening. Some breast tumors are cancerous but are called in situ because they have not spread from the area where they began. In situ cancers that form within the ducts are called ductal carcinoma in situ, or DCIS. The majority of these tumors will not spread beyond the duct; at this early stage nearly all of these cancers can be cured. Other cancerous tumors are invasive (also called infiltrating). These cancers start in the ducts or lobules and cross the gland walls to invade surrounding breast tissue. The seriousness of a breast cancer diagnosis is influenced by its stage (how far the cancer has spread on initial diagnosis). Local stage describes cancers confined to the breast; regional stage describes cancers that have spread to the lymph nodes; distant stage cancers have metastasized or spread to distant sites.

Bottom Line:

Breast cancer is the most common cancer among women, accounting for nearly one of every eight cancers diagnosed in American women.

A number of factors consistently associated with increased risk of breast cancer are not factors that can be changed, such as increasing age, family history, age at first birth of a child, age of menarche, late menopause, biopsy-confirmed atypical hyperplasia, and increased breast density. Factors that can be changed are increased alcohol use, being overweight or obese after menopause, lack of physical activity and recent use of oral contraceptives or postmenopausal estrogens and progestin. It is important to limit alcohol consumption, to discuss with your doctor proper diet and nutritional needs and to determine methods to incorporate exercise into your daily routine.

Prevalence:

Nationwide, an estimated 203,500 new invasive cases of breast cancer are expected to occur among women in the United States during 2002.

Women at Risk:

Besides being female, age is a woman's single most important risk factor for developing breast cancer. Women with a family history of breast cancer especially in a first-degree relative (mother, sister, and daughter) have an increased risk of developing breast cancer themselves. The risk is even higher if more than one first-degree relative had breast cancer or if the relative developed breast cancer at an early age or in both breasts. Approximately 5 to 10 percent of breast cancers result from inherited breast cancer mutations.

American Cancer Society Guidelines for the Cancer-Related Checkup

A cancer-related checkup is recommended every three years for people ages 20 to 40 years old and every year for people ages 40 and older. This exam should include health counseling and, depending on a person's age, family or personal history of cancer might include examinations for cancers of the colon, thyroid, oral cavity, skin, lymph nodes, testes, and ovaries. Special tests for breast, cervical, and uterine cancer are recommended as outlined.

Cancer Site	Test or Procedure	Age	Frequency
Breast	Breast Self-Exam	20 and over	Every month
	Clinical Breast Exam	20-40	Every 3 years
	Mammography	Over 40	Every year
Cervix Uteri	Pap Smear	40 and over	Every year
		Women who are or who have been sexually active or have reached age 18.	Every year; may be less frequent after 3 or more consecutive satisfactory normal annual exams.
	Pelvic Exam	18-40	Every 1-3 years
		Over 40	Every year

Call to Action:

Women should take inventory of their lifestyle. Increasing their daily intake of fruits and vegetables, limiting their intake of red meats and alcohol and adding exercise into their daily routine will improve their overall health.

Did you Know?: One percent of breast cancer cases are diagnosed in men. Any man that feels a lump should immediately contact his physician and request appropriate medical care.

Breast Cancer Is Being Detected Earlier

Bottom Line:

In situ and localized (non-invasive) breast cancer diagnoses are increasing. Invasive cases of breast cancer are occurring because women are not receiving screening mammograms. In North Dakota, 500 new cases of invasive breast cancer are expected to occur in 2002. Nationwide, an estimated 203,500 new invasive cases of breast cancer are expected to occur among women in the United States during 2002.

Women at Risk:

In North Dakota for the year 2000, women had a rate of 124.7 breast cancer cases per 100,000. In the last three years these rates have varied but increased slightly: 133.34 in 1999, 115.80 in 1998 and 125.18 in 1997. Cancer data is limited historically; since 1997 was the first year the North Dakota cancer registry began to collect and analyze data.

Call to Action:

The American Cancer Society recommends that women age 40 and older have an annual mammogram, an annual clinical breast examination by a healthcare professional (close to and preferably before the scheduled mammogram), and perform a monthly breast self-examination. Women ages 20-39 should have a clinical breast examination by a health care professional every three years and should perform a breast self-examination monthly.

Goal*:

By 2008, increase to 90 percent the portion of breast cancers diagnosed at a local stage or earlier.

Did you Know: The American Cancer Society currently funds 184 research projects relating to breast cancer totaling almost \$62 million.

Ductal Carcinoma In Situ (DCIS)

Bottom Line:

Virtually all cases of DCIS—one of the earliest stages of breast cancer—are detected only by mammography and not by breast examinations. If a breast cancer is detected at this early stage a woman's odds of surviving breast cancer are greatly increased.

Trends:

In North Dakota, DCIS cancer diagnosis have increased steadily from 8 percent in 1997 to 10 percent in

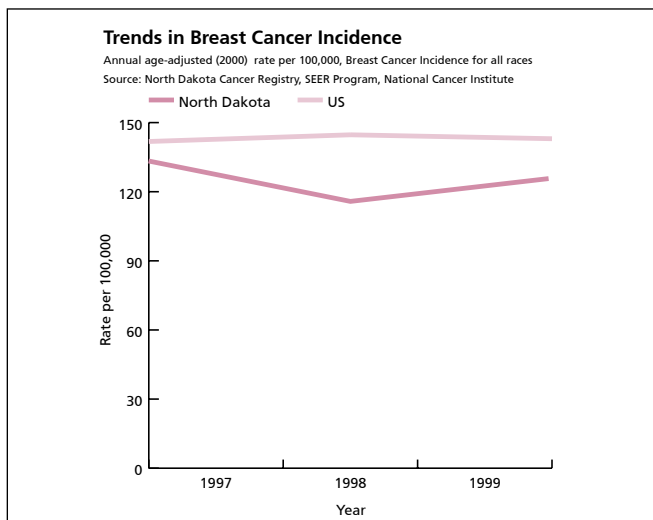
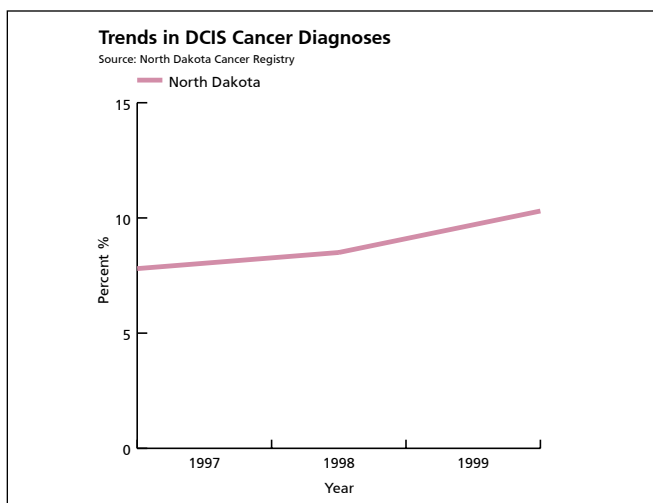
the year 1999. This increase likely reflects earlier detection by the use of mammography and not an increase in occurrence. Rates of invasive cancer have remained fairly level during the same time period.

Women at Risk:

Women age 40 or over who are not receiving annual mammograms per ACS screening guidelines.

Did you Know: The ACS Behavioral Research Center is currently studying breast cancer survivors to examine the determinants of a good quality of life following a breast cancer diagnosis; examine the utility of complementary therapies and needs of minority women with breast cancer.

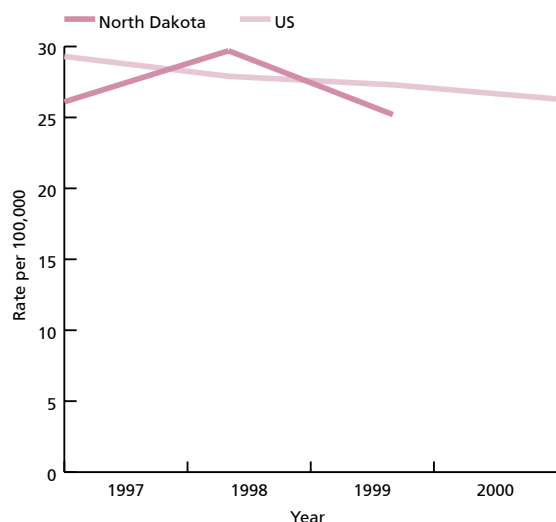
*Goal set by the Rocky Mountain Division of the American Cancer Society.



Breast Cancer Mortality Rates Are Not Declining

Trends in Breast Cancer Mortality

Source: North Dakota Cancer Registry, SEER Program, National Cancer Institute
Annual age-adjusted (2000) rate per 100,000, Breast Cancer Mortality for all races



Bottom Line:

Breast cancer is the second leading cause of cancer related deaths in women.

Mortality rates remained stable during 1997-2000. These rates are probably the result of the start of early detection programs and improved treatment options.

Trends:

The mortality (death) rate from breast cancer in North Dakota has not changed since 1997; in the entire United States, the death rate has decreased about 20 percent. The overall death rate in the year 2000 was 27 per 100,000 women. In 2002, an estimated 40,000 people (39,600 women, 400 men) are anticipated to die from breast cancer nationwide. In North Dakota 200 women are expected to die from breast cancer in 2002.

Women at Risk:

Numerous studies have shown that early detection saves lives and increases treatment options. The declines in breast cancer mortality have been attributed, in large part, to the regular use of screening mammography.

Goal*:

By 2005, 70 percent of women over age 40, over age 65 and of low socio-economic status will be screened per ACS guidelines.

Call to Action:

The American Cancer Society's Tell a Friend Program encourages women to call their friends and tell them about the benefits of early screening and detection mammograms. Nationally, 154,542 women have been contacted by their friends about getting a mammogram. To get involved in this program call 1.800.ACS.2345 or your local American Cancer Society office.

Did you Know: Overall, timely mammography screenings could prevent approximately 15 to 30 percent of all deaths from breast cancer among women over the age of 40.

*Goal set by the Rocky Mountain Division of the American Cancer Society.



Breast Cancer: Percent Detected Late Stage[^], Incidence and Mortality, 1997-1999*

North Dakota

Regions	Incidence Rate	% Late Stage	Mortality Rate	Regions	Incidence Rate	% Late Stage	Mortality Rate
1	124.26	18.3%	37.6	6	93.51	37.9%	26.3
Divide	109.54	12.5%	^	Barnes	86.71	29.6%	22.2
McKenzie	130.29	20.0%	^	Dickey	85.37	41.7%	^
Williams	108.68	15.4%	46.1	Foster	133.42	70.0%	68.4
2	128.29	31.9%	24.4	Griggs	238.09	43.8%	61.5
Burke	171.61	33.3%	^	LaMoure	60.95	9.1%	^
Bottineau	106.75	20.0%	^	Logan	^	^	^
McHenry	184.4	28.0%	^	McIntosh	162.22	37.5%	^
Mountrail	108.09	53.3%	^	Stutsman	93.28	40.0%	29
Pierce	46.23	25.0%	^	Wells	^	^	^
Renville	104.5	28.6%	^	7	131.93	31.5%	29.7
Ward	134.71	32.0%	30.6	Burleigh	149.93	29.8%	32.5
3	112.34	23.5%	25.4	Emmons	63.87	33.3%	44.5
Benson	58.12	57.1%	42.9	Grant	194.7	41.7%	^
Cavalier	111.95	20.0%	^	Kidder	^	^	^
Eddy	116.98	22.2%	^	McLean	98.09	20.0%	23.1
Ramsey	124.58	13.9%	15.9	Mercer	126.69	33.3%	^
Rolette	111.27	25.0%	29.5	Morton	128.26	35.9%	25.2
Towner	137.07	36.4%	^	Oliver	167.34	50.0%	^
4	111.83	31.7%	25.6	Sheridan	133.46	0.0%	^
Grand Forks	115.32	32.5%	21.4	Sioux	132.81	66.7%	^
Nelson	131.36	31.3%	49.9	8	120.02	29.9%	17.1
Pembina	89.51	10.5%	35.1	Adams	128.93	28.6%	^
Walsh	108.54	41.2%	22.5	Billings	^	^	^
5	147.41	26.7%	29.2	Bowman	214.47	35.7%	^
Cass	162.46	25.7%	32.6	Dunn	149.93	18.2%	^
Ransom	119.66	25.0%	^	Golden Valley	^	^	^
Richland	79.61	40.0%	28.6	Hettinger	86.51	66.7%	^
Sargent	209.19	35.3%	^	Slope	^	^	^
Steele	195.63	22.2%	^	Stark	116.6	22.6%	11.7
Traill	111.86	19.2%	19.4				

*Incidence rates exclude in situ cancers.

[^]Statistics could not be calculated due to limited number of cases.

[^]Late stage defined as: cancers detected at a regional or distant stage.

The Mammography Rate for Low Income Women is Lagging

Bottom Line:

When breast cancer is diagnosed at an early stage, long term survival increases dramatically. Poor women have lower rates of mammogram and clinical breast exam (CBE) screenings than women who make over \$15,000 per year in income (see graph below). North Dakota has not had a registry to collect data for enough years to provide 5-year relative survival. As a result only national data can be presented for survival.

Trends:

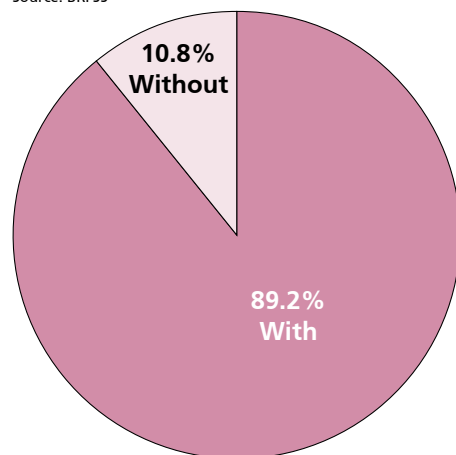
Nationally, 86 percent of all women diagnosed with breast cancer were alive five years after diagnosis. Seventy-six percent of all women were alive ten years after a breast cancer diagnosis, 58 percent of all women were alive 15 years after a breast cancer diagnosis and 53 percent of all women were alive 20 years after a breast cancer diagnosis. The reasons for these differences may include (among others) access to care, health insurance coverage, and differing biology of cancers, differences in treatment and co-existing illnesses.

Women at Risk:

A lack of health insurance is associated with lower survival among breast cancer patients. Five-year relative survival is lower for women with more advanced stages of cancer at diagnosis. Nationally, breast cancer patients with lower incomes have lower 5-year relative survival rates than higher-income patients.

Women 18+ with Healthcare Coverage, North Dakota, 2000

Source: BRFSS



Goal*:

By the year 2005, through advocacy at all organizational levels, 100 percent of women will have access to appropriate treatment.

Call to Action:

Cancer is a political issue as well as a medical issue. Government officials make decisions about health issues that affect your life. The American Cancer Society is proud to be the leading advocate working to influence public policy in order to improve funding for cancer research and access to early detection and prevention programs at the local, state and federal level.

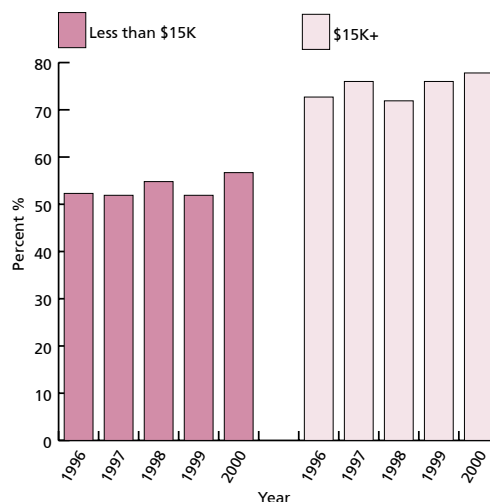
Individual action network volunteers are an integral part of the Society's success. To learn more about the American Cancer Society's Action Network, please call the American Cancer Society at 1.800.ACS.2345 or visit us online at www.cancer.org/asp/getInvolved/gi_multi_joinGrassroots.asp

Did you Know: The survival rate for breast cancer is much higher for cases diagnosed with local stage disease (96 percent) than for cases diagnosed with distant stage disease (12 percent). Finding breast cancer early saves lives.

*Goal set by the Rocky Mountain Division of the American Cancer Society.

Percent of Women 50 and Older Who Had a Mammogram and Clinical Breast Exam, by Annual Household Income, North Dakota, 1996-2000

Source: BRFSS



Breast Cancer Screening: Mammography Rates Are Not Increasing In Women in Their 40's

Bottom Line:

Nearly all breast cancers can be treated successfully if detected early.

An annual mammogram starting at age 40 is the most effective way to detect breast cancer at an early, curable stage. Annual clinical exams by a medical provider and monthly breast self-examinations are additional ways to detect cancers early. Mammography can detect breast cancer about 1.7 years earlier than clinical or breast self-examinations alone and often before physical symptoms develop. Studies have shown that early detection saves lives and increases treatment options.

Trends:

Mammography rates for women over age 50 are increasing, but rates for women in their 40's (see graphs) are not. In 2000, 68 percent of North Dakota women age 40-49, 80 percent of women age 50-64, and 79 percent of women age 65 and older surveyed have had a mammogram in the past two years. Mammography screenings to detect breast cancer early, along with better treatment options, have made breast cancer a more curable disease than it was 30 years ago.

Goal*:

By 2008, 90 percent of women ages 40 and older should have received a mammogram within the previous 2 years.

Women at Risk:

Statistically, poor, less educated, older, rural, and uninsured women have been at an increased risk for not receiving mammography screenings.

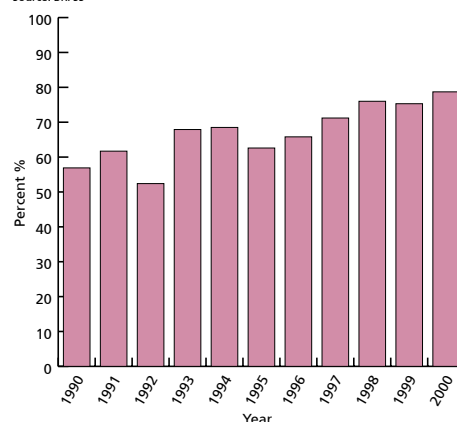
Call to Action:

Women over age 40 in North Dakota should get a yearly mammogram and encourage other women over age 40 to do the same. Barriers such as poor access to health care and lack of health insurance should be eliminated so that all women at risk receive mammography screening.

Did you Know: North Dakota mandates that all private, non-ERISA health plans cover mammography screening for women beginning at age 35 (one mammogram for a baseline test between ages 35-39, a mammogram every two years between ages 40-49 and a mammogram each year age 50 and above, or based on a physician's recommendation).

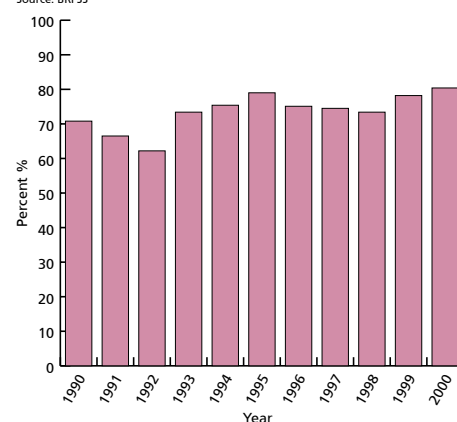
Percent of Women, Ages 65+ With Mammogram Only in the Past 2 Years

Source: BRFSS



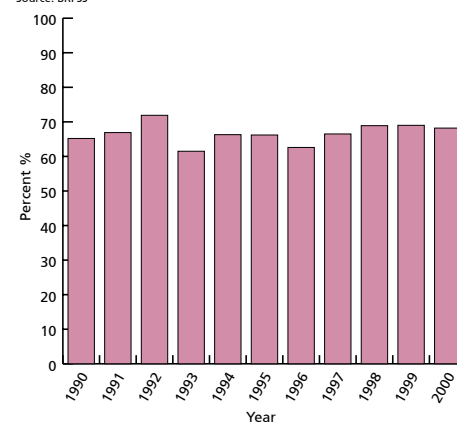
Percent of Women, Ages 50-64 With Mammogram Only in the Past 2 Years

Source: BRFSS



Percent of Women, Ages, 40-49, With Mammogram Only in the Past 2 Years

Source: BRFSS



*Goal set by the Rocky Mountain Division of the American Cancer Society.

Lifestyles: Poor diet, obesity, and physical inactivity may be responsible for one out of three cancer deaths

Bottom Line:

Healthy eating means consuming at least five servings of fruits and vegetables each day, limiting amounts of meat, dairy, and other high fat foods. Along with healthy eating, regular physical activity for at least 30 minutes or more on most days of the week and balancing caloric intake to meet the needs of regular physical activity can help individuals to maintain a healthy weight. Healthy lifestyle behaviors that are adopted in childhood often continue into adulthood.

Prevalence:

In 2000, 27 percent of women age 18 and over surveyed in the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) reported eating five or more servings of fruits and vegetables per day. Forty-nine percent were considered to be overweight or obese and 24 percent stated they engaged in regular physical activity (see graph).

In 2001, 16 percent of North Dakota female youth surveyed were eating five servings a day of fruits and vegetables, 14 percent were overweight or obese, and 46 percent of the female youth reported they were physically inactive (see graph) according to the Youth Risk Behavioral Survey (YRBS).

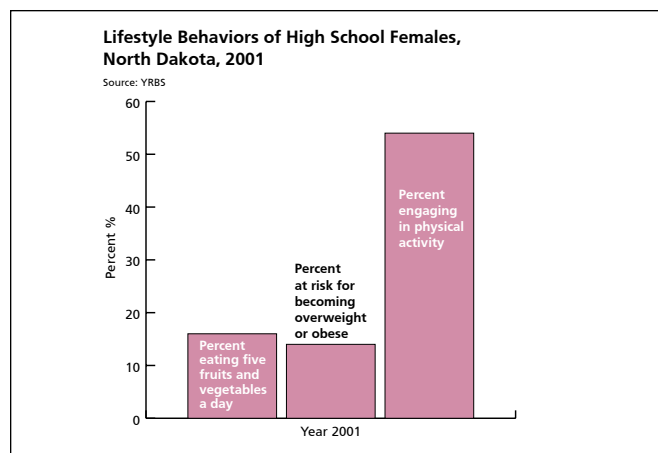
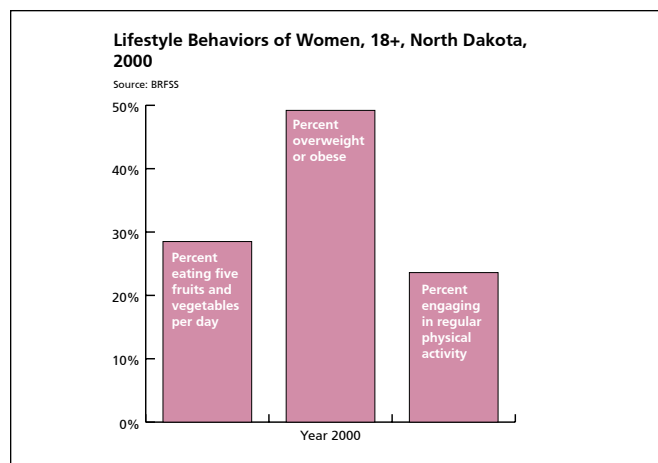
Nationally:

According to the BRFSS, in 2000, 27 percent of U.S. female adults reported eating five or more fruits and vegetables daily. On average 49 percent of women were overweight or obese, and despite its known benefits leisure time physical activity is not regularly practiced among adults. In 2000, only 28 percent of females reported engaging in regular physical activity.

According to the YRBS, in 2001, 20 percent of U.S. female high school students reported eating five or more fruits and vegetables a day. On average 38 percent of female youth were physically inactive and 19 percent of female high school students were overweight or considered at risk for becoming overweight.

Goal*:

By 2005, 45 percent of the population will consume five servings of fruit and vegetables daily. By 2015, 90 percent of adults will have engaged in vigorous physical activity within the previous twenty days.



Women at Risk:

Women who are not eating right, exercising regularly, maintaining a healthy weight, or not limiting their consumption of alcoholic beverages.

Call to Action:

The proportion of youth and adults that are overweight in the U.S. is increasing at alarming rates. Obesity is directly linked to several cancers and other negative health effects. Women of all ages should talk with their physicians about establishing a healthy exercise routine plan and a diet that incorporates five fruits and vegetables per day.

Did you Know?: In general, people who reported eating fast food on a regular basis ate fewer fruits and vegetables. Nearly one out of every three teens reported eating fast food on a typical day as did one out of five adults.

*Goal set by the Rocky Mountain Division of the American Cancer Society.

North Dakota Demographics

Bottom Line:

North Dakota has a primarily Caucasian female population with the largest population group falling between the ages of 6-17 years. North Dakota as a whole has a large percentage of the female population that completed high school and some college courses. The majority of households in North Dakota earn between \$15,000 and \$49,999 per year.

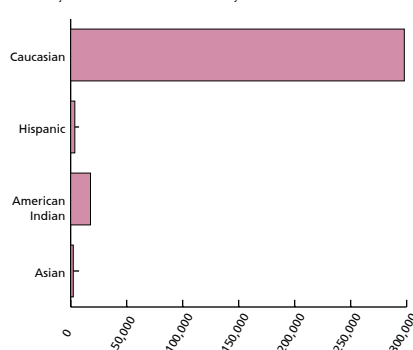
Breast Cancer Resources

Women's Way

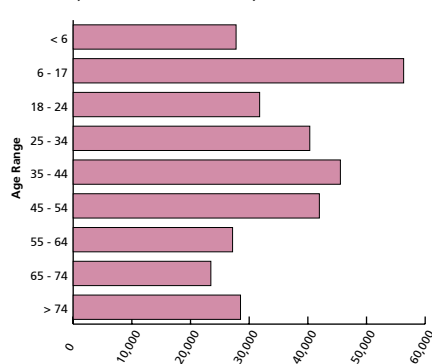
The Centers for Disease Control and Prevention (CDC) provides funding to all fifty states, the territories, and some American Indian Tribes, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The goal of this national program is to reduce the number of deaths from breast or cervical cancer by providing a program to assist low income women, who do not have health insurance, to obtain free or low cost screening services (i.e. Clinical Breast Exams, mammograms, Pap tests and pelvic exams) and limited breast or cervical cancer diagnostic services. CDC mandates all funded programs address ten specific program components: screening, tracking and follow-up, case management, professional education, public education and outreach, quality assurance and improvement, coalitions and partnerships, surveillance, evaluation, and management.

The CDC funds the North Dakota Department of Health to operate Women's Way (a.k.a. North Dakota Breast and Cervical Cancer Early Detection Program). From 1997 until 2001, this program has provided screening and/or diagnostic services to over 4,480 North Dakota women. Beginning in 2001, with implementation of the Breast and Cervical Cancer Treatment Act, women diagnosed through Women's Way and are subsequently diagnosed with breast or cervical cancer—may now qualify for cancer treatment through North Dakota Medicaid program. For additional information about Women's Way program contact the North Dakota Department of Health at 1.800.280.5512 or 701.328.2333.

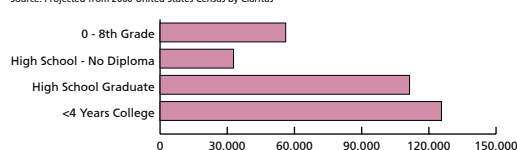
Female Population by Race/Ethnicity, North Dakota, 2001
Source: Projected from 2000 United States Census by Claritas



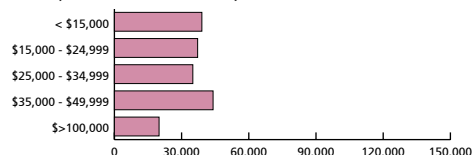
Female Population by Age, North Dakota, 2001
Source: Projected from 2000 United States Census by Claritas



Female Population by Household Education Level, North Dakota, 2001
Source: Projected from 2000 United States Census by Claritas



Female Population by Household Income, North Dakota, 2001
Source: Projected from 2000 United States Census by Claritas



Data Sources

Cancer incidence and survival data are based on cases reported to each state's Central Cancer Registry (CCR) and the underlying cause of death reported by each state's Office of Vital Statistics. U.S. mortality rates are from the Bureau of Vital. Central Cancer Registries (CCRs) are legally mandated, statewide, population-based cancer information centers. Analyses were performed by the registries. All rates are age-adjusted to the 2000 U.S. standard population. More detailed information on the status of cancer in each state is available from the North Dakota's CCR.

Risk factor data have been drawn from each state's Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS), both of which are conducted as collaborations between the Centers for Disease Control and Prevention and state departments of health or education. For states that did not have overall response rates of at least 60 percent on the Youth Risk Behavior Surveys, the data were unweighted, but were published in the MMWR. No data (weighted or unweighted) are published without a state's permission.

Definitions and Abbreviations

SEER summary stage definitions- Stage of disease information is obtained from extent of disease information. The historical stage presented has four levels. An invasive neoplasm confined entirely to the organ of origin is said to be localized. An invasive neoplasm that has extended beyond the limits of the organ of origin is said to be regional. An invasive neoplasm that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis is said to be distant. In addition, when information is not sufficient to assign a stage, an invasive neoplasm is said to be unstaged.

Relative Survival Rate: The relative survival rate is the survival rate observed for a group of cancer patients compared to the survival rate of persons in the general population who are similar to the patient group with respect to age, gender, race, and calendar year of observation. Relative survival adjusts for normal life expectancy (factors such as dying from accidents or other diseases). Five-year relative survival rates include persons who are still living five years after diagnosis, whether in treatment, remission, or disease-free.

ACS	American Cancer Society
BMI	Body Mass Index, Weight in Kg/Height in m ²
BRFSS	Behavioral Risk Factor Surveillance System
CCR	Central Cancer Registry
CDC	Centers for Disease Control and Prevention
MMWR	Morbidity and Mortality Weekly Report
NCI	National Cancer Institute
RMD	Rocky Mountain Division
SEER	NCI Surveillance, Epidemiology, and End Results Program
YRBS	Youth Risk Behavior Survey

Understanding Cancer Incidence & Mortality Rates

Cancer rates in this document represent the number of new cases of cancer per 100,000 population (incidence) or the number of cancer deaths per 100,000 population (mortality) during a specific time period.

Rates provide a useful way to compare cancer burden irrespective of the actual population size. Rates can be used to compare geographic areas such as your county to the state as a whole, or to the entire United States.

Age-Adjusted Rates

Older age groups generally have higher cancer rates than younger age groups. Age-adjustment eliminates the effect of age when making comparisons. Beginning with data year 1999, agencies have adopted the 2000 projected U.S. population as a new standard for adjusting incidence and mortality rates. All the incidence and mortality rates presented in this booklet have been age-adjusted to the 2000 standard population rate.

The year 2000 U.S. standard population replaces the 1970 U.S. standard population, which was used in earlier Rocky Mountain Division Facts & Figures publications. Therefore, rates in this publication are not comparable to the rates printed in the earlier combined site publication.

North Dakota Offices and Units

Rocky Mountain Division

Headquarters

2255 S. Oneida St.
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Fargo, ND 58102
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1832 S. Washington
Grand Forks, ND 58201
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The American Cancer Society is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer through research, education, advocacy, and service.



Cancer Information: 1.800.ACS.2345 www.cancer.org